

## **Patrick Henry Community College Workforce Programs Grant and Scholarship Application**

Workforce programs grants and scholarships are financial awards to students enrolling in career credit workforce training programs at the college, based on the following criteria:

- Priority of service to students residing within the college's service region.
- Priority given to training that leads to high-demand nationally recognized industry certification or state licensure.
- Secondary priority given to training that leads to a high-demand occupation within the college's service region.
- Scholarships are needs-based and are "last dollar," meaning that all other potential sources of funding have been exhausted.
- Students must meet all program admission requirements to be eligible for a workforce programs scholarship.

In the following pages you will be asked questions that are necessary to apply for the workforce programs grants and scholarships at Patrick Henry Community College. You must answer each question fully to determine eligibility. Transcripts will be reviewed in addition to application materials.

*Patrick Henry Community College does not discriminate on the basis of race, color, national origin, sex, or disability in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policy: Affirmative Action Coordinator, Francis T. West Hall, room 148, (276) 656-0214. This includes access to electronic information and services.*

*Selection of workforce programs scholarship awardees will be decided by the PHCC Workforce Programs Scholarship Selection Committee.*

### General Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*First* *Last* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Citizenship Status:** for non-U.S. citizens, please provide visa or other proof of status for review

- U.S. Citizen                   Permanent Resident                   Political Asylum/Refugee  
 Temporary Visa: \_\_\_\_\_  Other: \_\_\_\_\_  
*please specify* *please specify*

Domicile Determination	YES	NO
1. Have you lived in Virginia continuously for the last twelve months?	<input type="checkbox"/>	<input type="checkbox"/>
2. For the last twelve months, have you held a Virginia state driver's license or Virginia DMV ID?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you move to Virginia from another state for the purpose of attending school?	<input type="checkbox"/>	<input type="checkbox"/>
4. For the last twelve months, have you filed a Virginia tax return?	<input type="checkbox"/>	<input type="checkbox"/>
5. For the last twelve months, have you owned or operated a motor vehicle registered in Virginia?	<input type="checkbox"/>	<input type="checkbox"/>
6. For the last twelve months, have you been registered to vote in Virginia?	<input type="checkbox"/>	<input type="checkbox"/>

### Academic Information

**Highest level of education**

- No High School/Diploma/GED     High School Diploma     GED                   Some college no degree  
 Associate's Degree                   Bachelor's Degree     Master's Degree     Doctoral Degree

Are you currently enrolled in an Associate or Bachelor's degree program? YES NO  
    

Have you ever attended a community college in the state of Virginia? If so, where? \_\_\_\_\_

Do you plan to continue your education beyond this training program? YES NO

## Scholarship Information

### Proof of Virginia Residency (please provide a copy of one of the following):

- Utility Bill    
  Rent Receipt    
  Voter Card    
  Housing Contract    
  Preprinted Bank Statement

### Age Verification (please provide a copy of one of the following):

- Driver's License    
  Birth Certificate    
  State-Issued ID    
  Passport

	YES	NO
1. I am in compliance with the Military Selective Service Act.	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you a veteran who is eligible for GI Bill funding?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
4. If employed, have you been laid off in the last 20 months and your current job is an interim or temporary position?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you (or your spouse, parent, or guardian) a client of the Virginia Workforce Center?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you or will you be receiving any other tuition assistance from other sources?	<input type="checkbox"/>	<input type="checkbox"/>

### You must demonstrate a financial need utilizing one of the following:

- Option 1: SNAP/TANF Eligibility (present current SNAP or TANF card or provide documentation)  
 Option 2: Household Income.

Is anyone claiming you as a dependent on their taxes?     YES     NO

                                                  

The following table will be used to determine eligibility, based on your Tax Transcript, your locality, and the number of persons in your household.

# of Persons in household	Poverty Guideline	200% Level		300% Level		400% Level		500% Level	
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
				100% Scholarship		50% Scholarship		25% Scholarship	
1	<input type="checkbox"/> \$11,880	<input type="checkbox"/>	\$23,760	<input type="checkbox"/>	\$35,640	<input type="checkbox"/>	\$47,520	<input type="checkbox"/>	\$59,400
2	<input type="checkbox"/> \$16,020	<input type="checkbox"/>	\$32,040	<input type="checkbox"/>	\$48,060	<input type="checkbox"/>	\$64,080	<input type="checkbox"/>	\$80,100
3	<input type="checkbox"/> \$20,160	<input type="checkbox"/>	\$40,320	<input type="checkbox"/>	\$60,480	<input type="checkbox"/>	\$80,640	<input type="checkbox"/>	\$100,800
4	<input type="checkbox"/> \$24,300	<input type="checkbox"/>	\$48,600	<input type="checkbox"/>	\$72,900	<input type="checkbox"/>	\$97,200	<input type="checkbox"/>	\$121,500
5	<input type="checkbox"/> \$28,440	<input type="checkbox"/>	\$56,880	<input type="checkbox"/>	\$85,320	<input type="checkbox"/>	\$113,760	<input type="checkbox"/>	\$142,200
6	<input type="checkbox"/> \$32,580	<input type="checkbox"/>	\$65,160	<input type="checkbox"/>	\$97,740	<input type="checkbox"/>	\$130,320	<input type="checkbox"/>	\$162,900
7	<input type="checkbox"/> \$36,730	<input type="checkbox"/>	\$73,460	<input type="checkbox"/>	\$110,190	<input type="checkbox"/>	\$146,920	<input type="checkbox"/>	\$183,650
8	<input type="checkbox"/> \$40,890	<input type="checkbox"/>	\$81,780	<input type="checkbox"/>	\$122,670	<input type="checkbox"/>	\$163,560	<input type="checkbox"/>	\$204,450
For families/households with more than 8 persons, add \$5,200 for each additional person.	<input type="checkbox"/> # in Household	<input type="checkbox"/>	Amount	<input type="checkbox"/>	Amount	<input type="checkbox"/>	Amount	<input type="checkbox"/>	Amount

Applicant submitted Tax Transcript verifying household income within Poverty guideline checked above in Poverty Guideline column.



## Eligible Workforce Training Program

- Certified Billing and Coding Specialist (CBCS)
- Certified Clinical Medical Assistant (CMA)
- Certified Nurse Aide (CNA)
- Certified Phlebotomy Technician
- Certified Production Technician
- CISCO Certified Network Associate
- CISCO Certified Entry Networking Technician (CCENT)
- Commercial Driver's License (CDL)
- Electrical Groundsman
- Registered Medication Aide (RMA)
- Siemens Automation Fundamentals Certificate
- Siemens Mechatronic Systems Certification Program Level 1
- OTHER:** \_\_\_\_\_

## Certification

### Workforce Programs Grant and Scholarship Application Certification

I, \_\_\_\_\_, certify that the information contained in my application for workforce programs grants and scholarships at Patrick Henry Community College is accurate and complete to the best of my knowledge. I understand that if false statements are contained in this application I will be ineligible for this or any other college scholarship at PHCC. I understand my eligibility for all scholarships is based on additional factors which are or are not included in this application. I understand I will only be notified if I am awarded a workforce programs grant or scholarship. I understand scholarship criteria and the selection process can change without notice.

Additionally, by signing below I grant permission to PHCC and any scholarship donor to use my photograph, likeness and name in any marketing or public relations material announcing my award.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date